

**Department of Administration  
BUILDING CODE COMMISSION  
CONTRACTORS'  
REGISTRATION BOARD  
One Capitol Hill  
Providence, RI 02908-5859**

(401) 222-1270  
TDD (401) 222-6334  
Web site: [www.crb.state.ri.us](http://www.crb.state.ri.us)

FOR OFFICE USE ONLY

CLAIM NUMBER:

## STATEMENT OF CLAIM

**A non-refundable application fee of \$25.00 must accompany this form before processing can begin.**

[illegible]

The foregoing is true, complete, and correct to the best of my knowledge and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_

RETURN ALL COPIES TO  
CONTRACTORS' REGISTRATION BOARD  
Copy of written contract must be attached.

